UNITED STATÉS SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



PATERECEIVED

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

•	UNIFORM LIMITED OFFERING E	XEMPTION	RECEIVED		
Membership Interests in Griffi			/9/		
Filing Under (Check box(es) that Type of Filing New Filing	apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S] Amendment	ection 4(6) ULOE	JOF 7 7 5003		
	A. BASIC IDENTIFIC	CATION DATA			
 Enter the information requested 			198		
Name of Issuer (check if this Griffin's Wharf Fund, LLC	is an amendment and name has changed, and indicate cl				
Address of Executive Offices One Memorial Drive, Cambrid	(Number and Street, City, State, Zip Code) ge, MA 02142-1300	Telephone Number (including Area Code) 617-225-3800			
Address of Principal Business Of (if different from Executive Office	perations (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)			
Brief Description of Business Private Investment Fund					
Type of Business Organization ☐ corporation	☐limited partnership, already formed	☑ other (please specify): Limited I	Liability Compa ri		
☐ business trust	☐limited partnership, to be formed		PRUCESSED		
Actual or Estimated Date of Inco	' '	☑ Actual ☐ Estimated	G JUL 28 2005		
Jurisdiction of Incorporation of C	Organization: (Enter two-letter U.S. Postal Service abbr CN for Canada; FN for other for		DHOWSON		
GENERAL INSTRUCTIONS			A NORACIA		
Federal: Who Must File: All issuers maki 77d(6).	ng an offering of securities in reliance on an exemption	under Regulation D or Section 4(6),	17 CFR 230.501 et seq. or 15 U.S.C.		

When To File; A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Full Name (Last name first, if individual) **Babson Capital Management LLC** Business or Residence Address (Number and Street, City, State, Zip Code) One Memorial Drive, Cambridge, MA 02142 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ General and/or Managing Partner ☐ Beneficial Owner ☐ Director Check Box(es) that Apply: □ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

						B. INFO	RMATIO	N ABOU	T OFFER	ING					
1.	Has the	issuer solo	d, or does th	ne issuer int	tend to sell,	to non-acc	redited inve	estors in thi	s offering?.			•••••••		Yes	No ⊠
					A	answer also	in Append	ix, Column	2, if filing	under ULO	E.				
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the Manager									\$ 1,000	*000				
3.								Yes	No						
٦.	3. Does the othering permit joint ownership of a single unit?						×								
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full N N/A	Name (La	st name fu	rst, if indivi	dual)									· -	<u> </u>	
	ess or Re	sidence A	ddress (Nu	mber and St	treet, City,	State, Zip C	Code)								
Name	of Assoc	ciated Brol	ker or Deale	er			<u>-</u>				<u> </u>				
States	in Whic	h Person L	isted Has S	solicited or	Intends to S	Solicit Purc	hasers		··						
	(Check "	All States"	or check in	ndividual Si	tates)					•••••		All States			
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
	[RI] Vame (La	[SC] st name fu	[SD] rst, if indivi	[TN] dual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
					treet City	State, Zip C	'ode)								
			ker or Deal												
States	in Whic	h Person L	isted Has S	solicited or	Intends to S	Solicit Purcl	hasers								
(Chec	k "All St	ates" or ch	eck individ	lual States)							🗅	All States			
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
			rst, if indivi			<u></u>									
Busin	ess or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	of Asso	ciated Brol	ker or Deal	 ет											
States	in Whic	h Person L	isted Has S	solicited or	Intends to S	Solicit Purc	hasers		·						
(Check "All States" or check individual States)															
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

[TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	\$	s
	☐ Common ☐ Preferred		<u> </u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) Membership Interests	\$ 11,074,355	\$ 11,074,355
	Total		\$ 11,074,355
	Answer also in Appendix, Column 3, if filing under ULOE.	 	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	44	\$ 11,074,355
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 40,000
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		S
	Total	_ ⊠	\$ 40,000
			· /:

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	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS				
.		ering price given in response to Part C - Question 1 and total on 4.a. This difference is the "adjusted gross proceeds to the		\$ 11,034,355			
5.	the purposes shown. If the amount for any purpose	roceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set					
	•		Payments to Officers, Directors, & Affiliates	Payments To Others			
	Salaries and fees		<u> </u>	□ \$			
	Purchase of real estate			□ \$			
	Purchase, rental or leasing and installation of mad	hinery and equipment	🗆 🕏	□ \$			
	Construction or leasing of plant buildings and fac	ilities	s	□ s			
	Acquisition of other businesses (including the val offering that may be used in exchange for the assupursuant to a merger)	ue of securities involved in this ets or securities of another issuer	□ s	□s			
	Repayment of indebtedness		🗆 \$	s			
	Working capital		🗆 🕏	□ s			
	Other (specify): Investments in securities and e	xpenses necessary, incidental, or convenient thereto.	s	⊠ \$ 11,034,355			
	Column Totals		🗆 🕏	⊠ \$ 11,034,355			
	Total Payments Listed (column totals added)						
_		D. FEDERAL SIGNATURE					
ur		the undersigned duly authorized person. If this notice is filed ities and Exchange Commission, upon written request of its Rule 502.					
	uer (Print or Type)		ate				
	iffin's Wharf Fund, LLC ne of Signer (Print or Type)	Title of Signer (Print or Type)	uly , 2005				
	evin M. McClintock Managing Director of the Manager of the Issuer						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION